

MISSOURI DIVISION OF HEALTH.—STANDARD CERTIFICATE OF DEATH

62-025319
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

SI 28137
1003

Registrar's No.

5876

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN 915 N. Grand, St. Louis, Mo.

Length of stay in 1b
69 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VET. ADM. HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis, Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 6141 Alaska Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED Aka First Andrew Middle Webber
(Type or print) ANDREW Weber Sr.

4. DATE OF DEATH Month Day Year
JUNE 11 1962

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8/31/95

9. AGE (last birthday) 66
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Brewer Worker

10b. KIND OF BUSINESS OR INDUSTRY
Anheuser-Bush

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Andrew Weber

13b. MOTHER'S MAIDEN NAME

Magdalene Jwengauer

14. NAME OF HUSBAND OR WIFE

Merle Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW-1

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Merle Weber (Wife), Same add. as 2.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH
24 HOURS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CARCINOMA OF THE LUNG WITH GENERALIZED METASTASES 12 MO.

DUE TO (c) 163X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/3/62 to 6/11/62 and last saw him alive on 6/11/62
Death occurred at 11:35 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Roland B. Smith, M.D.

22b. ADDRESS
VAH, ST. LOUIS, MO.

22c. DATE SIGNED
6/12/62

23a. BURIAL CREMATION, REMOVAL (Specify)
Removal

23b. DATE
6-15-1962

23c. NAME OF CEMETERY OR CREMATORY
Resurrection

23d. LOCATION (City, town, or county) (State)
St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS
Southern Funeral Home 6322 S. Grand

25. DATE RECD. BY LOCAL REG.
June 13, 1962

26. REGISTRAR'S SIGNATURE
Roland B. Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1

2 2019

3

4 0

5 1

6

7 0

8 1

9

10

11

12 83-0

13

83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David VanHassan

Licensed Embalmer No. 4242

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.